Emergency Appeal n° MDRSS003

Appeal Launch: 4 March, 2014
Appeal Revised: 21 July, 2014

Operation manager (responsible for this EPoA): Christopher George, IFRC South Sudan
Point of contact (name and title): Paula Fitzgerald, Country Representative, South Sudan

Operation start date: 9 January 2014
Expected timeframe: 12 months (ends on 31 January 2015)

DREF allocated: CHF 286,695; Initial Appeal budget: CHF 4,702,572; Revised Appeal budget: CHF 6,758,366

Number of people affected: 1.1 million IDPs and 500,000 refugees
Number of people to be assisted: 450,000 vulnerable IDP’s and/or people living in cholera affected areas.

Host National Society presence (n° of volunteers, staff, branches): South Sudan Red Cross: 600 volunteers, 63 staff, 4 branches

Red Cross Red Crescent Movement partners actively involved in the operation: South Sudan Red Cross, International Committee of the Red Cross (ICRC), International Federation of the Red Cross and Red Crescent Societies (IFRC) and Partner National Societies (PNS) present in the country: Austrian, Canadian, Danish, German, Netherlands, Norwegian, Swedish and Swiss Red Cross. Other PNS partners; British, Finnish and Japanese Red Cross Societies

Other partner organizations actively involved in the operation: UNOCHA, WFP, WHO, UNICEF, INTERSOS, TOM, IRC, Nile Hope, ACTED, Solidarités, World Vision, SCF International, NRC and DRC.

This Revised Emergency Appeal reflects a plan for the Federation-wide consolidated response from the International Federation and its member Red Cross and Red Crescent National Societies to support the efforts of the South Sudan Red Cross (SSRC) in areas of South Sudan that have not been directly affected by the conflict.

The total budget for this emergency appeal has been increased from CHF 4,702,572 to CHF 6,758,366 following continuous assessments of needs. This budget adjustment mainly reflects the need to respond to a cholera outbreak that has spread from Juba to other parts of the country and which, if not contained, could result in up to 45,000 cases of cholera (National Task Force, worst case scenario).

The revised appeal seeks to strengthen Movement coordination by reflecting all IFRC and Partner National Society support to the South Sudan Red Cross emergency response operation, whether through IFRC or directly to SSRC. As part of the overall appeal budget of CHF 6.7 million, IFRC is considering an operational budget of CHF 4,689,355 with the remaining amount constituting direct support to SSRC.

Details are available in the Emergency Plan of Action (EPoA) <click here>

The revised appeal is covered at 56%, with CHF 1,778,288 pledged towards the IFRC operational budget and CHF 1,995,377 in direct support to SSRC.

Appeal history

- A DREF operation was launched on 9 January 2014 and CHF 286,695 allocated from the IFRC’s Disaster Relief Emergency Fund (DREF) to assist 40,000 persons.
Main updates in the revised appeal
- Added cholera response component through establishment of oral re-hydration points (ORP), strengthened health and hygiene promotion and the provision of safe drinking water to people living in cholera affected areas. A FACT and two Emergency Response Units (ERUs), a Community Health Module (CHM) and a module 40 WatSan ERU, have been deployed to support the cholera response.
- Additional preparations for a food security/nutrition response (detailed plan and budget will be provided in a later operations update)
- Strengthened security for both volunteers and staff, by adding a specific component on security capacity and procedures, including the upgrade of the SSRC radio rooms and the development of standard operating procedures for security.
- Strengthened data collection and management by recruiting a local staff and developing internal reporting and communication lines and procedures.

The disaster
The internal conflict that started in the capital city of Juba in South Sudan on 15 December rapidly spread to other parts of the country, with worst affected states being Jonglei, Unity and Upper Nile states. The conflict has resulted in casualties, wounded and missing among the affected population and has had an overall impact on the situation in the country, creating long term humanitarian consequences for the affected population. Hundreds of thousands of people have been displaced in most states of the country. The latest estimates indicate that over a million persons are displaced as a consequence of the conflict in South Sudan, with another 370,000 having fled to neighbouring countries (Uganda 110,000, Ethiopia 140,000, Sudan 85,000, Kenya 37,000). The largest single concentration of internally displaced people (IDPs) in South Sudan is in Awerial County in Lakes State, where tens of thousands of people have gathered after fleeing fighting in Jonglei. Despite a renewed agreement on the cessation of hostilities, signed on 9 May 2014, the situation remains tense and unpredictable, in particular in Jonglei, Unity, and Upper Nile states.

On 15 May, the Ministry of Health officially declared an outbreak of cholera in Juba. As of 8 July, a total of 3,231 cholera cases, including 70 deaths, were reported in South Sudan. A total of 135 new admissions were recorded, 129 of them in Torit and 6 in Juba. Across this outbreak, the case fatality rate (CFR) remains above 2 per cent, which is above the emergency threshold.

While cholera has declined in Juba County, it is concerning that is it now spreading to other counties. The outbreak is currently concentrated in Torit, Eastern Equitorial State, which accounts for most new cases. However cholera outbreaks or alerts have been reported in seven of the ten states. Based on the available Ministry of Health (MOH)/ World Health Organisation (WHO) data, there have been laboratory confirmed cholera cases in five of the 10 states; in Juba, Kajo Keji and Yei Counties in Central Equatorial State; Mundri East County in Western Equatorial State; Torit and Magwi Counties in Eastern Equatorial State; Bor in Jonglei State and Manyo in Upper Nile State. The risk of cholera cases spreading further outside Juba remains a worry, with limited response options given the poor access due to road conditions and security. In addition the rainy season, which started in April and runs through to October, brings increased malaria morbidity. The current worsening nutritional situation, especially with under five year olds could, combined with the cholera, have the potential to worsen the cholera situation, resulting in very high Crude Mortality Rates (CMRs) and Cholera Case Fatality Rates (CFRs).

The response
Since the cholera outbreak was declared, a National Cholera Task Force was mobilized, with four sub-groups established. These are:
- Epidemiology/Surveillance/Laboratory
- Case Management
- Social Mobilisation and Health Education and
- WASH.
UNICEF is leading the WASH and Social Mobilisation and Health Education working groups, while WHO is the lead for case Management and Surveillance.

There has been a quick and coordinated RCRC Movement response to cholera. South Sudan Red Cross has been involved in cholera response in social mobilization and water and sanitation, mainly in Payams of Kator (Luluqi area), Rejaf (Gumbo area) and Munuki (Gudele area) in Juba County. A FACT was deployed to South Sudan on June 16 to provide technical analysis, coordination and planning support to SSRC cholera response. The FACT has supported the SSRC health department in revising its cholera response plan and has trained volunteers in Torit and Yei in community based cholera case management and in hygiene and health promotion. Following FACT recommendations, a CHM and Watsan Module 40 ERU have been deployed to support SSRC in responding to the spread of cholera. A second rotation of FACT has just been deployed and the new team is already in country.

Oral re-hydration points (ORPs) have been established in Torit and over 300 volunteers have been mobilized, of which approximately half are currently active. Movement partners coordinated the rapid provision of clean drinking water in coordination with the ICRC, utilizing in-country water treatment systems until the IFRC WatSan Module 40 became operational.

Yei County in Central Equatoria is also seen as priority target area and training is planned to take place in the coming days. Nine volunteers have been trained as pump mechanics and have repaired two boreholes. An additional nine boreholes in Gudele (Juba) have been identified to be repaired (waiting spare parts).

A three-month cholera response plan was prepared by SSRC with Movement partners and is being updated regularly.

Table 1: Based on SSRC reports since 19 May to 19 June and between 23 -29 June * SSRC volunteers have:

<table>
<thead>
<tr>
<th></th>
<th>Gudele</th>
<th>Lologo</th>
<th>Gumbo **</th>
<th>Torit</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>HH reached</td>
<td>14,283</td>
<td>6,604</td>
<td>1,074</td>
<td>No data yet</td>
<td>21,961</td>
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<tr>
<td>PUR distributed</td>
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<td>28,542</td>
<td>10,796</td>
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<td>108,448</td>
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<tr>
<td>ORS distributed</td>
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<td>14,508</td>
<td>2,148</td>
<td>No data yet</td>
<td>44,728</td>
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<tr>
<td>Soap distributed</td>
<td>2,037</td>
<td>1,400</td>
<td>1,074</td>
<td>No data yet</td>
<td>4,511</td>
</tr>
</tbody>
</table>

*Data not obtained from period 20 -23 June
**No data obtained from Gumbo from period 23-29 June

SSRC continues to provide clean, drinkable water to IDPs through the operation and maintenance of water infrastructures in protection of civilians (POC) sites, as well as health and hygiene awareness activities. SSRC is currently managing two water points in an IDP site in Juba, where water is provided to approximately 9,000 households on a daily basis, at an estimated rate of 15 litres per person per day. The ICRC is supporting SSRC in training its volunteers in Epidemic Control for Volunteers (ECV), community-based disease surveillance and hygiene promotion. 169 trained SSRC volunteers are involved in the response activities.

Coordination and partnerships
All parties have agreed to work within one overall Plan of Action. This Emergency Appeal reflects the SSRC consolidated Plan of Action and thus provides an overview of the Movement’s response in the areas not directly affected by conflict.

ICRC has the overall lead role within the Movement during the current situation in the country, while IFRC is supporting SSRC in coordination with partner National Societies and for engagement with the wider humanitarian community in South Sudan, as well as with technical and response support in areas not directly affected by conflict.

Weekly operations meetings are being held at SSRC headquarters to follow-up on implementation revise plans as necessary, monitor progress and share lessons to help improve operations. Other coordination mechanisms relevant for the Emergency Appeal include the bi-weekly Movement Operational Coordination (MOC) meeting.
The SSRC, ICRC and IFRC maintain regular dialogue with other National Societies in the neighbouring countries to ensure information sharing and coordination among its partners in order to keep information flowing on population movement to neighbouring countries.

A monthly regional update will be shared with Movement partners, providing information on progress, challenges and key advocacy points.

The operational strategy <click here for the current Emergency Plan of Action>

Needs assessment and beneficiary selection:

Health and care: A prolonged congested camp situation with poor sanitary conditions is increasing the health risk for the IDPs in these sites. The cholera outbreak has put further pressure on the health infrastructure and the National Cholera Response Task Force reports that number of cases exceeds the current capacity in the clinical treatment centres (CTC’s) and there is therefore a need to look for alternative non-clinical prevention and response mechanisms.

Water and sanitation: The sanitation in several IDP sites needs improvement to meet minimum humanitarian standards. Certain cultural practices around sanitation complicate standard water and sanitation interventions. Sharing of sanitary facilities such as baths and latrines may contradict existing practices among parts of the population.

The cholera outbreak has put further pressure on existing water and sanitation infrastructure and the National Cholera Response Task Force reports that to improve health and prevent further spread, there is need to:

- Improve control of water quality (ensure safe water supply and ensure quality of the water supply)
- Address safe water and sanitation supply at public places including schools
- Control solid waste disposal (dumpling to river Nile)
- Increase latrine usage at community level

Beneficiary Selection

Overall, an estimated 450,000 vulnerable IDPs and/or cholera affected persons will be reached with the emergency activities (the average family size in South Sudan is six persons per family, which will be used as the figure for this appeal). Out of the targeted number, 80,000 beneficiaries will be assisted with water supply and hygiene promotion in the IDP camps in Awerial and Juba and in the cholera affected areas of Juba, Torit and Yei. Up to 1,000 families (around 6,000 persons) will also be provided with an IFRC standard shelter kit adapted to the South Sudan context, based on advice from the shelter cluster. A further 10,500 families (around 63,000 persons) will be provided with shelter kits plus basic household items. These families will also be targeted with health and care, water, sanitation and hygiene promotion interventions. At least 100,000 people are expected to be reached with cholera prevention and health promotion messages through radio shows and another 180,000 through social mobilisation activities in public places, such as schools, churches, and road-side restaurants.

Table 2: Summary of planned sector interventions, outcomes and main activities planned.

<table>
<thead>
<tr>
<th>Sector and related outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and care</td>
</tr>
<tr>
<td>Outcome 1: The immediate risks to the health of the affected population, with particular attention to IDPs, are reduced</td>
</tr>
<tr>
<td>Activities planned:</td>
</tr>
<tr>
<td>• Train volunteers on health promotion using epidemic control for volunteers (ECV) toolkit</td>
</tr>
<tr>
<td>• Provide health promotion on prevention of common diseases and reproductive health</td>
</tr>
<tr>
<td>• Establish regular radio programme to deliver health and DRR education, including cholera prevention,</td>
</tr>
<tr>
<td>• Train volunteers on social mobilization and RAMP surveys</td>
</tr>
<tr>
<td>• Conduct social mobilisation on mass vaccination campaigns (polio/measles, penta valent) in IDP sites in four states</td>
</tr>
<tr>
<td>Outcome 2: Reduction of risk and improved early community case management capacity of cholera in target communities</td>
</tr>
</tbody>
</table>
Activities planned:
- Establish 40 Oral Re-hydration Points (ORP’s)
- Train community volunteers (3/point) for ORP management, referral and surveillance
- Mobilize CHM ERU to support ORPs
- Distribute delivery kits, baby kits and dignity kits

**Water, Sanitation and Hygiene Promotion**

**Outcome 1:** The risk of the spread of water and sanitation related diseases is reduced in affected communities.

Activities planned:
- Refresher training for volunteers on water supply system maintenance (3 x 20 volunteers per day)
- Provide safe water, water supply system maintenance, and water quality monitoring, in UNMISS IDP sites in Juba and in areas affected by cholera
- Train volunteers on water supply maintenance (Torit and Yei)
- Rehabilitate up to 40 identified boreholes needing repair
- Carry out regular water quality testing at HH level and at water points
- Mobilize WatSan ERU M40 to provide safe water to up to 40,000 people in Torit
- Train volunteers on hygiene promotion
- Carry out hygiene promotion activities in IDP sites (including distribution on hygiene kits)

**Shelter and settlements**

**Outcome 1:** Improved living situation for 11,500 vulnerable families (69,000 people) through provision of emergency shelter and basic household items

Activities planned:
- Procure and distribute shelter kits for 1,000 households
- Procure and distribute NFI kits to 10,500 households (blankets, sleeping mats, mosquito nets, kitchen sets)
- Train branch staff and volunteers on relief distribution

**NS Capacity building**

**Outcome 1:** The overall preparedness and response capacity of the National Society at headquarter and branch level is increased sufficiently that the National Society has the human and material resources to respond to rapid onset emergencies

Activities planned:
- Develop SSRC standard operating procedures for emergencies, health and DRR
- Install seven prefab office units (Juba HQ), including for an Emergency Operations Centre and for SSRC staff space
- Support construction of SSRC warehouse in Juba (fencing, security)
- Support branches to increase response activities (four branches)

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**Operational support services**

The main human resources support under the appeal will include the recruitment of:

<table>
<thead>
<tr>
<th>South Sudan Red Cross Society</th>
<th>IFRC</th>
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</thead>
<tbody>
<tr>
<td>- Operations officer for Juba branch</td>
<td>- An operations manager will be required for the management of the operation for the duration of the appeal</td>
</tr>
<tr>
<td>- Water, sanitation and hygiene (WatSan) officer for Juba and Torit branches</td>
<td>- A WatSan delegate (6 months) will provide additional technical and coordination support for the cholera and population movement response to the SSRC WatSan team</td>
</tr>
<tr>
<td>- SSRC project accountant, responsible for IFRC account management</td>
<td>- An IFRC logistics team (logistics delegate and logistics officer) is required for the operation. The logistics officer will be nationally recruited</td>
</tr>
<tr>
<td>- DM officer at HQ to support the coordination of the operation</td>
<td>- A monitoring and reporting delegate will be required to design, develop and manage a user-friendly database, with necessary mapping software, to ensure reporting</td>
</tr>
<tr>
<td>- DM information manager to ensure information is collected from branches on a daily basis, analysed and used to inform response activities. Data will be shared with SSRC departments and</td>
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</tr>
</tbody>
</table>
Movement partners daily

- Emergency WASH officer to work with the current SSRC WASH officer to support the cholera response, as well as strengthen safe water distribution and hygiene promotion activities
- Logistics officer to ensure the National Society has logistical capacity to handle the scale-up of activities as well as the movement of people in country
- Beneficiary communications officer to strengthen accountability to beneficiaries and support delivery of health and hygiene promotion behaviour change
- Security officer to implement security components of the appeal, update security procedures and train new staff and volunteers in security guidelines.
- Volunteers will also be mobilized and trained for the implementation of the activities under the appeal.

for the overall operation

- An account assistant (part-time) will support the administration and finance management of the operation
- A security delegate will be deployed to make a security assessment, support recruitment and training of a SSRC security officer and support the development and implementation of the NS’s Security SOP’s
- A beneficiary communications delegate will be recruited to support the SSRC beneficiary communications officer to mainstream this into the response activities
- Short-term DM and PMER technical and surge support
- WatSan RDRT (three months) to provide surge support to the cholera response

Additionally the appeal is mobilising the deployment of ERUs in community health and water and sanitation. The ERU's are self-supporting and costs are covered by the sending National Society, however, these costs will be reflected as a bilateral contribution to the appeal.

Reporting, monitoring and evaluation

Monitoring tools specific to this operation and complementary to existing monitoring tools will be developed by the SSRC's PMER team in cooperation with IFRC PMER delegate and operations manager. These tools will capture quantitative data for submission to the PMER delegate and qualitative data for review and management by the PMER team and sharing with operations team members.

Other monitoring and evaluation activities will include:

- Internal operations reviews will be undertaken every three months by the operations team with SSRC, IFRC, ICRC and PNS to ensure that the plan of action reflects context changes and emerging needs.
- Beneficiary surveys will be undertaken periodically throughout the operation to assess beneficiary priorities and determine satisfaction with assistance received. These will be analysed and submitted to the operations team to contribute to internal reviews.
- Beneficiary feedback mechanisms will be put in place in collaboration with beneficiary communication within key programmes and operations.
- An end of operation evaluation will be undertaken in the final quarter of the operation to assess the efficiency, effectiveness and appropriateness of the operation, and to capture learning that can improve future preparedness, response and recovery operations. The evaluation will be undertaken by an external consultant.

Budget

Click [here](#) to see the attached revised appeal budget
Contact information

For further information specifically related to this operation please contact:

- **South Sudan Red Cross**: Arthur Poole, Secretary General; mobile phone: +211 912 146 506; email: info@southsudanredcross.org
- **IFRC Country Representation**: Paula Fitzgerald, Country Representative; Juba; phone: +211 912179511; email: paula.fitzgerald@ifrc.org
- **IFRC Regional Representation**: Finnjarle Rode, Regional Representative for East Africa; Nairobi; phone: +254 20 283 5000; email: finnjarle.rode@ifrc.org
- **IFRC Africa Zone**: Daniel Bolaños, Disaster Management Coordinator for Africa; Nairobi; phone: +254 (0)731 067 489; email: daniel.bolanos@ifrc.org
- **IFRC Geneva**: Christine South, Operations Quality Assurance Senior Officer; phone: +41.22.730.45 29; email: christine.south@ifrc.org
- **IFRC Zone Logistics Unit (ZLU)**: Rishi Ramrakha, Head of zone logistics unit; Tel: +254 733 888 022/ Fax +254 20 271 2777; email: rishi.ramrakha@ifrc.org

For Resource Mobilization and Pledges:

- **IFRC Africa Zone**: Martine Zoethoutmaar, Resource Mobilization Coordinator; phone: +251 11 518 6073; email: martine.zoethoutmaar@ifrc.org

For Performance and Accountability (planning, monitoring, evaluation and reporting)

- **IFRC Africa Zone**: Robert Ondrusek, PMER/QA Delegate for Africa; Nairobi; phone: +254 731 067277; email: robert.ondrusek@ifrc.org

How we work

All IFRC assistance seeks to adhere to the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGOs) in Disaster Relief and the Humanitarian Charter and Minimum Standards in Disaster Response (Sphere) in delivering assistance to the most vulnerable.

The IFRC’s vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

The IFRC’s work is guided by Strategy 2020 which puts forward three strategic aims:

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of non-violence and peace.
# Emergency Appeal: Republic of South Sudan-Complex Emergency

**MDRSS003**

<table>
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<tr>
<th>Budget Group</th>
<th>Multilateral Response</th>
<th>Inter-Agency Shelter Coord.</th>
<th>Bilateral Response</th>
<th>Appeal Budget CHF</th>
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<td><strong>1,682,761</strong></td>
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<td><strong>116,505</strong></td>
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<td><strong>53,100</strong></td>
<td><strong>271,897</strong></td>
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<td>Travel</td>
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<td>Financial Charges</td>
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<td>Shared Support Services</td>
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<td><strong>Total GENERAL EXPENDITURES</strong></td>
<td><strong>307,164</strong></td>
<td><strong>0</strong></td>
<td><strong>15,779</strong></td>
<td><strong>322,943</strong></td>
</tr>
<tr>
<td>Programme and Supplementary Services Recovery</td>
<td>290,699</td>
<td><strong>0</strong></td>
<td><strong>290,699</strong></td>
<td><strong>290,699</strong></td>
</tr>
<tr>
<td><strong>Total INDIRECT COSTS</strong></td>
<td><strong>290,699</strong></td>
<td><strong>0</strong></td>
<td><strong>0</strong></td>
<td><strong>290,699</strong></td>
</tr>
<tr>
<td><strong>TOTAL BUDGET</strong></td>
<td><strong>4,762,989</strong></td>
<td><strong>0</strong></td>
<td><strong>1,995,377</strong></td>
<td><strong>6,758,366</strong></td>
</tr>
</tbody>
</table>

**Available Resources**

- Multilateral Contributions: 0
- Bilateral Contributions: 0

**TOTAL AVAILABLE RESOURCES**

- 0
- 0
- 0
- 0

**NET EMERGENCY APPEAL NEEDS**

- 4,762,989
- 0
- 1,995,377
- 6,758,366